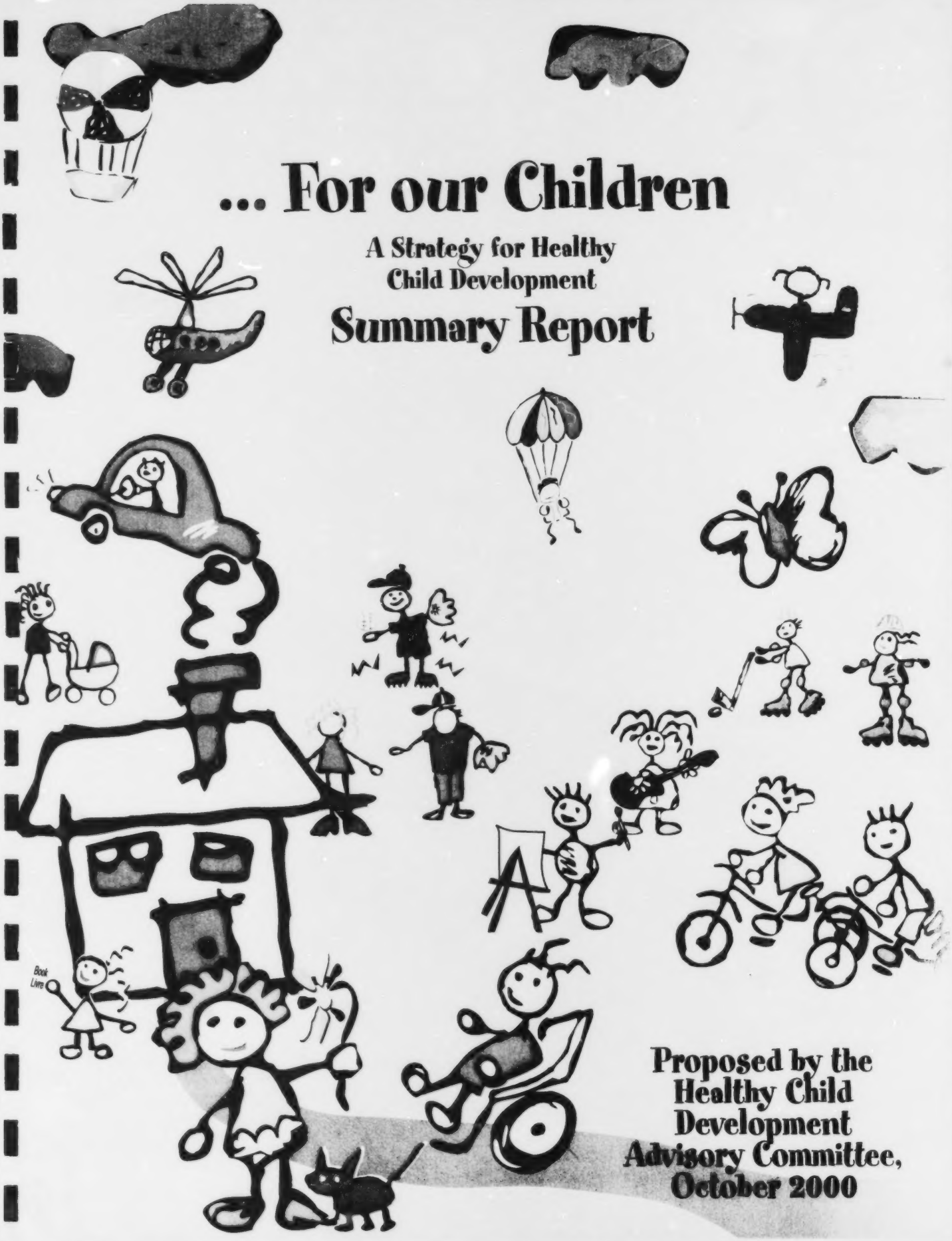
... For our Children

A Strategy for Healthy Child Development

Summary Report



Proposed by the Healthy Child Development Advisory Committee, October 2000

Healthy Child Development Advisory Committee

Carolyn Simpson *(Chair)*

Phil Arbing

Kathy Flanagan-Rochon

Kathy Jones

Jill Lightwood *(Alternate)*

Doug MacDougall

Chet MacNeill

Laura Lee Noonan

Janice Ployer

Kathleen Poirier

Janet Wood *(Resource)*

October, 2000

Hon. Jamie Ballem
Minister, Health and Social Services
Province of Prince Edward Island

Hon. Jeffrey E. Lantz
Minister, Education and The Office of the Attorney General
Province of Prince Edward Island

Hon. Michael F. Currie
Minister, Development and Technology
Province of Prince Edward Island

Dear Sirs:

On behalf of the Healthy Child Development Advisory Committee, I am pleased to submit for your consideration, a *Summary Report* of the Healthy Child Development Strategy, *For Our Children,* focussing on children pre-natal to eight years. According to our principles approved by Cabinet, we have developed a holistic set of goals and priorities resourced through partnerships and owned by community and government. We have combined current research with the advice of Islanders and knowledge of our Island social and economic economy. We have indicated positive outcomes and the Public Health and Evaluation section of the Department of Health and Social Services will implement performance indicators based on the final strategy approved by Government.

This has been an incredibly daunting task. The size and scope of the topic was certainly a challenge. The collaborative approach taken with the four departments and community working together resulted in a richness and thoroughness that added immensely to the quality of our recommendations.

Thank you for the opportunity.

Sincerely,

Carolyn E. Simpson

Carolyn Simpson
Chair
Healthy Child Development Advisory Committee

This *Summary Report* of *For our Children*, includes an executive summary, a full description of the Strategic Model for Healthy Child Development, and also includes a summary of Goals and Objectives for each of the Key Areas for Action.

For our Children, the full document contains a complete discussion of each of the Key Areas for Action, including Rationales which provide supporting research, Goals, Objectives, Recommended Actions, relevant Comments and examples of Notable Practices.

We have also produced a companion document which is a *Statistical Profile of Island Children.* We felt it was important to assess our current situation and position the strategy for measurement of the outcomes of direction offered by *For our Children.*

For copies of the *For our Children* Series, *The Healthy Child Development Strategy* (full document), *The Summary Report* and/or *The Statistical Profile of Island Children,* in English or in French, contact: Island Information Services
902-368-4000

101-01035/

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EXECUTIVE SUMMARY

INTRODUCTION

This document is about the children of Prince Edward Island - our own children, our grandchildren, and the children in our communities. Our goal is to present a strategy that will help our children to grow up in a province that values children for who they are, and that provides opportunities for children to reach their full potential.

In Prince Edward Island, there is a growing awareness and appreciation of the strong and lasting impact of early childhood experiences. Government, community, and business sectors have recognized that in order to create a society and an economy that are strong and healthy, we must optimize growth and development for our children.

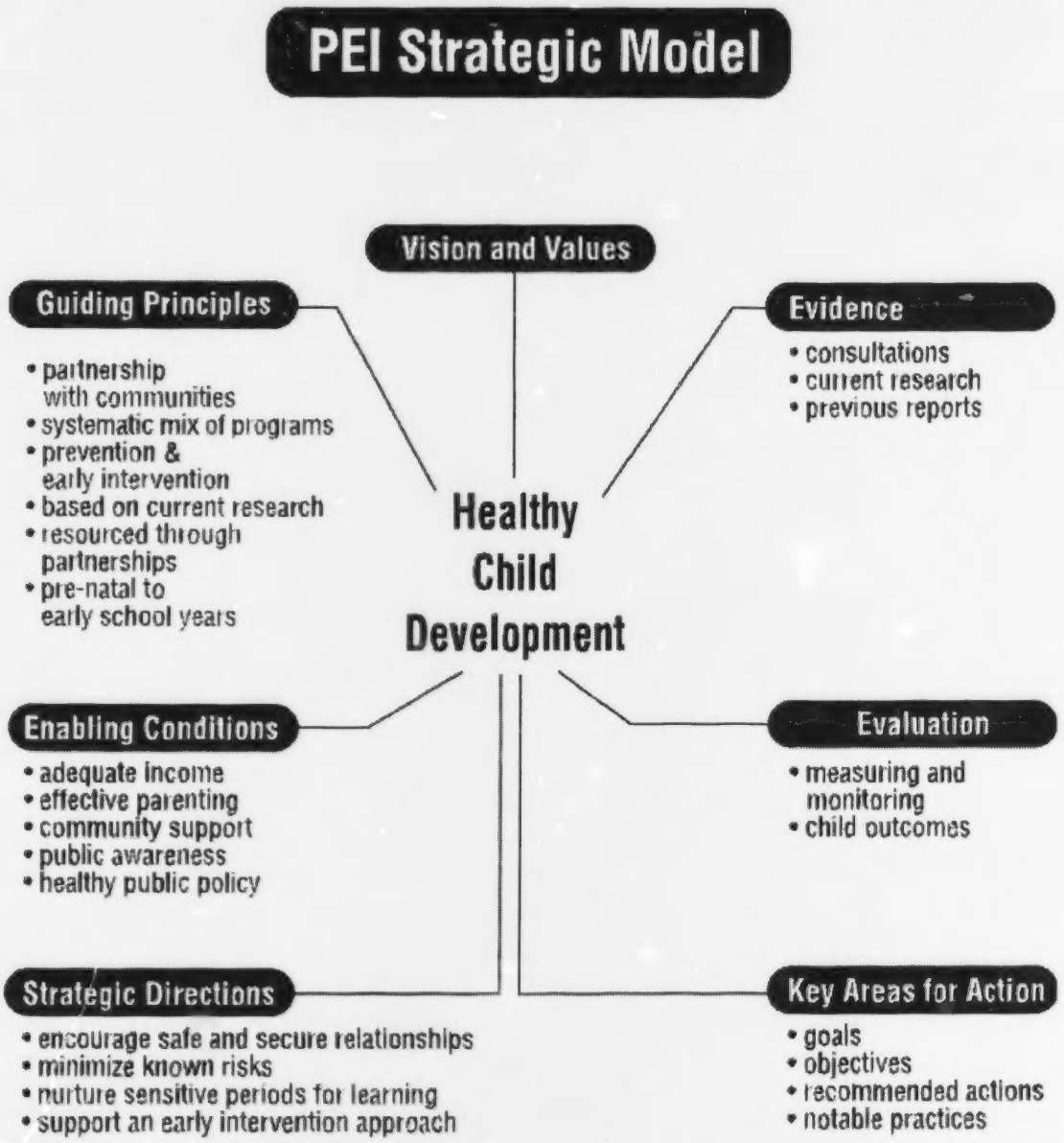
As a response, and in their role as a partner in Canada's National Children's Agenda, Government's Throne Speech (1999) announced the development of a five year strategy for children from prenatal to early school years. In developing this strategy, it was agreed that it would incorporate the vision, values and goals of the National Children's Agenda.

Consultations with Islanders across the province confirmed that there is strong support for a strategy that will focus on children - not only as an investment in their future lives, and the resulting impact on our society - but for the quality of their young lives, for their health and happiness as children, with a value on childhood itself.

A STRATEGIC MODEL FOR PRINCE EDWARD ISLAND

"Strategy" has been defined as a technique or plan to achieve an end. It is both a science and an art. It is a science, since it must be based on evidence of what works, examples of exemplary practice, and include measurable and achievable goals and objectives. But a strategy is also an art, since a successful strategy weaves together a scientific base of information with broad ownership, common vision and values, a coordinated effort, and a sustained momentum.

The Strategic Model developed to address Healthy Child Development in PEI is integrated in its nature, and incorporates components that support and inform each other:



The development of this Strategy was guided by Guiding Principles that supported a partnership approach, evidence based decision making, and recognized the importance of building on existing programs, services, and community supports.

The Vision and Values that form the underlying philosophical approach to this strategy were developed as a result of our provincial consultations on Healthy Child Development. They are built on the Vision and Values of Canada's National Children's Agenda, and reflect the ideas and beliefs of Prince Edward Islanders.

OUR VISION

Children in Prince Edward Island will thrive in an atmosphere of love, care and understanding. They will be valued as individuals in childhood and will be given a sense of hope, pride in themselves and our Island, as well as opportunities to reach their full potential as adults.

Respected and protected, Island children will respect and protect the rights of others. Valued, nurtured and loved, they will grow up able to contribute to a society that appreciates literacy, diversity, supports the less able, and shares its resources.

Given the opportunity to develop their physical, creative, intellectual, emotional, social and spiritual capacities to the fullest, children in Prince Edward island will become tomorrow's successful and enthusiastic parents, care givers, workers and citizens.

One of the basic values that has guided the work of developing a Healthy Child Development Strategy for PEI is that children are our priority, and parents are the foundation upon which the Strategy will be built. Parents have primary responsibility for their children, and all Islanders share a responsibility to support parents in that important role.

Our Values:
We believe the needs of Island children should be our first priority. We can foster the healthy development of Island children by supporting and respecting parents and families. We believe that children grow up best within homes that are able to provide security, nurturance, respect and love.

PROVINCIAL CONSULTATIONS

The Healthy Child Development Advisory Committee coordinated province wide consultations with Islanders during September and October 1999. These included public meetings held across the province, focus groups, and key interviews. Meetings were held with representatives of the Francophone community and off-reserve Aboriginal community. The Minister of Health and Social Services hosted a Round Table discussion with representatives of key organizations, and consultation meetings were held with provincial government and regional staff who work in various capacities with children from prenatal to early school years.

Feedback from these consultations provided evidence that helped the members of the Advisory Committee to understand what was important to Island families, what worked, and where we needed to focus our thinking. In addition, previous reports and recommendations concerning children and families were reviewed so that we could build on the work of people who had given their time, wisdom, and energy to the consideration of Healthy Child Development.

> Our Values:
> We respect and listen to the voices of all children and recognize their inherent worth. We value children for who they are now, as much as who they will become.

And finally, the Advisory Committee had the benefit of exciting new research about how children development. Across the province, people told us that this kind of information needed to be made available to parents, and to those who work with children.

> Our Values:
> We believe that protecting the interests of children is a basic social responsibility.

WHAT DOES THE RESEARCH TELL US?

New and compelling research about how children grow and develop has confirmed what parents have known all along - that children who are cared for in their early years tend to grow up to be caring, healthy, and productive adults. Advances in technology have answered the age old "nature vs. nurture" debate.

We now understand that human development hinges on the interplay between nature and nurture. Children are born with a particular number of brain cells which are determined by heredity and prenatal health (nature) but it is the child's early experiences (nurture) that will determine how those brain cells become connected into the billions of neural pathways that will determine how that child learns, behaves, forms relationships, and enjoys good health.

Our research may be summarized into four key learnings, which in turn have provided us with our four strategic directions:

KEY LEARNING	STRATEGIC DIRECTION
Early care and nurture have a decisive, long-lasting impact on how people develop, their ability to learn, and their capacity to regulate their own emotions	Encourage the development of supportive and secure relationships.
The human brain has a remarkable capacity to change, but timing is crucial.	Nurture early sensitive periods for learning.
The brain's plasticity also means that there are times when negative experiences or the absence of appropriate stimulation are more likely to have serious and sustained effects.	Minimize known risks to healthy development
There is substantial evidence to support the wisdom and efficacy of early intervention.	Encourage and support early intervention.

ENABLING CONDITIONS

This component of the model addresses factors which are critical to Healthy Child Development but were considered to be, for the most part, beyond the scope of this strategy. Enabling conditions include:

- ✓ adequate income,
- ✓ effective parenting
- ✓ supportive community environments
- ✓ public awareness, and
- ✓ healthy public policy.

> Our Values:
> We believe in reflecting the diversity of families in Prince Edward Island. Our goals celebrate the richness and diversity of Island languages, cultures, and the unique needs of each child.

Even so, the Advisory Committee has made a number of recommendations related to these enabling conditions, and these are considered to be integral to the success of the strategy.

POSITIVE OUTCOMES FOR CHILDREN

In the past number of years, efforts to improve the lives of young children in Prince Edward Island have focussed on eliminating negative conditions of living. As a society, we have worked to protect children from abuse, neglect, and violence. We have struggled to end child poverty. We have identified conditions of risk that are associated with numerous difficulties for children and families. We have developed a good sense of what doesn't work for children, and have developed government and community based programs and services to address these problems.

Our consultations suggest that Islanders have become more and more interested in understanding what conditions actually ***do*** work for children. Members of the Healthy Child Development Advisory Committee have chosen an approach which focuses on this type of positive approach to child development.

Positive Outcomes for Children reflect measurable developmental milestones for children. These outcome measures describe aspects of child development, as opposed to process measures, which describe the results of specific initiatives.

This Strategy emphasizes a holistic description of Healthy Child Development, and has adopted the goals of the National Children's Agenda as a set of broad, societal outcomes for children:

- ✓ safety and security
- ✓ good health
- ✓ successful at learning
- ✓ social belonging and responsibility

EVALUATION

A key component of our strategic model is an emphasis on measuring our success. We are continuing to work with our colleagues across sectors to establish benchmarks and indicators of success in the area of child outcomes. In moving forward with this work, we will be collaborating with this aspect of the National Children's Agenda.

KEY AREAS FOR ACTION

Specific activities to support the strategic directions described above have been organized into thirteen "key areas" for action. Each of the key areas describes specific goals and objectives, recommended actions, and where applicable, identified "notable practices".

> Our Values:
> We believe that communities have a significant role in the development of our children. We understand the value of working together. We believe that educators, coaches, care givers and other mentors make powerful contributions to children's growth and well being. We value people who love, care for, and teach our children.

One of the distinguishing features of this strategy is the integrated nature of the goals, objectives, and recommended actions. While each of the key areas may appear to be distinct, and to represent either a specific sector and field of interest, the components of this strategy are meant to be inter-related, and mutually supportive of each other. Therefore, it is not possible to isolate one aspect of the recommended actions, since all activities represent a systematic, and comprehensive approach to Healthy Child Development.

Key Areas for Action include:

1. Pregnancy, Birth and Infancy
2. Early Childhood Care and Education
3. Exceptional Needs
4. Childhood Injury
5. Children's Mental Health
6. Family Literacy
7. Parent Support
8. Screening and Assessment
9. Protecting our Children
10. Environment
11. Technology
12. Public Education
13. Building a Children's Continuum

Each Key Area includes a Rationale which provides supporting research for action. As well, each Key Area includes Goals, Objectives, Recommended Actions, and relevant comments and examples of Notable Practices. A full discussion of each of the Key Areas for Action is contained in the full strategy *For our Children.*

A STRATEGY FOR ALL ISLANDERS

During our consultations across the province, Islanders clearly and consistently told us that if a strategy for children was to be successful, then it must be an Island strategy for all children, and owned by all Islanders. Government has an important role to play by providing leadership in order to build consensus among Islanders. Governments also have a role to play in managing resources that will provide investments in the early years, and in measuring and monitoring the success of strategic efforts. However, it is the collective ownership of this strategy - involving community, business and volunteer sectors, as well as parents and families - that will ensure its success.

ACKNOWLEDGEMENTS

This document is about the children of Prince Edward Island - our own children, our grandchildren, and the children in our communities. Our goal is to present a strategy that will help our children to grow up in a province that values children for who they are, and that provides opportunities for children to reach their full potential.

The members of the Healthy Child Development Advisory Committee would like to thank the many Islanders who participated in our public meetings, focus groups, and interviews, and who shared their knowledge, ideas, and visions for the children of Prince Edward Island. The ideas and concerns voiced by people across this province have helped to shape the recommendations in this report.

The Healthy Child Development Advisory Committee also acknowledges the men and women who participated in numerous other committees and working groups over the past years, and whose studies, debates, and recommendations have informed the dialogue that contributed to this report.

And finally, the members of the Healthy Child Development Advisory Committee acknowledge the valuable contributions made by colleagues across Canada, who assisted us in our work by sharing ideas, suggesting areas of research for study, and by giving us support and encouragement. Particularly, we would like to acknowledge the Child Care Resource and Research Unit at the University of Toronto for their assistance in identifying and describing children's policy in other countries, and the Canadian Policy Research Network for the work they have completed in the area of children's policy, which strongly influenced the development of our strategic model for Prince Edward Island.

PREFACE

In Prince Edward Island, there is a growing awareness and appreciation of the strong and lasting impact of early childhood experiences. Government, community, and business sectors have recognized that in order to create a society and an economy that are strong and healthy, we must optimize growth and development for our children. Advances in technology, global market competition, and fiscal responsibilities have widened the circle of interest in children's issues. News of technologically advanced research into brain development has encouraged Islanders about the potential that can be realized, both for our children and our society. These developments have helped to convince Prince Edward Islanders that this is the time to do something significant for our children and our province.

"The whole world gains if children grow up healthy, capable, and ready to work for the good of their neighbour."

Eglantyne Jebb, Founder of the Save the Children movement and author of the first Charter of Children's Rights (1923)

In response, the PEI Government (Speech from the Throne 1998) acknowledged that "the early childhood years have a critical and lifelong impact on individuals, affecting their capacity to learn, to care for others, to support themselves and to participate in society" (p.20) and announced its intention of developing a long term strategy for children. This message was reinforced in the 1999 Speech from the Throne, which acknowledged the work to date, and confirmed Government's commitment to a Healthy Child Development Strategy for Prince Edward Island.

Four government departments - Health and Social Services, Education, The Office of the Attorney General, and Development and Technology - committed staff and resources to the initiative. Early in 1999, Government agreed to principles for the development of the Strategy, which highlighted the need to build on existing programs, services and community supports, the need for community partnership in planning the Strategy, the need to focus on prevention and early intervention, and the need for measuring child outcomes, so that we will know if we are truly making a difference in the lives of children.

In late Spring 1999, the Healthy Child Development Advisory Committee was established with community and government representation. The PEI Early Childhood Development Association agreed to chair the Committee, whose mandate was to develop a five year strategy that would focus on children from the prenatal period through their early school years.

Consultations with Islanders across the province confirmed that there is strong support for a strategy that will focus on children - not only as an investment in their future lives, and the resulting impact on our society - but for the quality of their young lives, for their health and happiness as children, with a value on childhood itself.

The following report represents the outcome of broad provincial consultations, a comprehensive review of current research and previous provincial and national reports on children, and an analysis of the strengths and challenges facing children in Prince Edward Island. In order to achieve consensus on the strategic directions outlined in this report, the members of the Healthy Child Development Advisory Committee worked in an atmosphere of mutual respect and value for the perspectives brought to the table by a group of people with different backgrounds, experiences, and expertise. This report is truly reflective of the broad knowledge of the Committee, and is rich in its depth and comprehensiveness.

PEI HEALTHY CHILD DEVELOPMENT ADVISORY COMMITTEE

The PEI Healthy Child Development Advisory Committee was established in Spring, 1999. The composition of the committee addressed government and community partnerships, geographical representation, and a mix of skills, talents, and experiences. The Advisory Committee was mandated to:

- Design and develop a five year strategy for Government's consideration and develop recommendations for its implementation
- Promote and coordinate multi-sectoral involvement in Healthy Child Development.

- Design an integrated plan for consultation on the PEI Strategy and the National Children's Agenda.
  Identify issues, messages and ideas gathered through the consultations, and review current research and Island issues.
- Include indicators for the measurement of success of the implementation of the strategy.
- Collaborate in the development of a Public Policy Framework.

Members of the PEI Healthy Child Development Advisory Committee include:

- Carolyn Simpson, Early Childhood Development Association of PEI (Chairperson)
- Phil Arbing, The Office of the Attorney General
- Kathleen Flanagan-Rochon, Department of Health and Social Services
- Kathy Jones, representing all Regional Health Authorities
- Jill Lightwood, The Office of the Attorney General (alternate)
- Doug MacDougall, Department of Education
- Chet MacNeill, The Office of the Attorney General
- Laura Lee Noonan, Department of Education
- Janice Ployer, Department of Development and Technology
- Kathleen Poirier, Alberton Elementary School, Grade one teacher
- Janet Wood, Resource Liaison

During the months of consultation and planning, some members moved on to other positions. The committee valued their contributions, and expresses appreciation to former members:

- Sharon Cameron, representing Department of Education
- Joanne McCabe, representing Department of Education
- Laraine Poole, representing Department of Health and Social Services

OUR COMMITMENT TO CHILDREN

In recent years, Prince Edward Islanders have begun to recognize that the care of one's health is an incremental, lifelong process rather than an event which is precipitated by the onset of a sudden illness or injury. Health is viewed as a personal resource to be valued and protected by both the individual and the community. As a response to this shift in attitude, Islanders have come to recognize that there are certain factors, attitudes, and lifestyle behaviours which impact directly on health status.

Determinants of health include those factors which help to contribute to overall well being. These determinants, however, are for the most part outside of the traditional sphere of influence of the health sector. Determinants of health inciude such varied factors as employment, genetics, environment, and Healthy Child Development. The factors influencing children and their families may be grouped into four specific areas:

- ✓ socio - economic environment
- ✓ physical environment
- ✓ individual capacity, coping skills, and lifestyle
- ✓ health, education, and social services

"Spending directed at children and their parents should be viewed as a long term investment. Canada needs to invest in its children, and to view children as a natural resource representing the future of the country."

. . . **National Forum on Health, 1996.**

Widespread interest in the factors which determine health, along with compelling brain development research, have contributed to the global interest in the well being of young children. These developments have also helped to convince Prince Edward Islanders that this is the time to do something significant for our children and our province.

INTERNATIONAL INTEREST

The origin of children's rights at the international level dates back to the "Geneva Declaration" of 1924. This five-point text, drawn up by the "Save the Children Fund International Union" was adopted by the League of Nations. It was expanded in succeeding years into the basis for what was to become the Declaration on the Rights of the Child adopted by the General Assembly of the United Nations in 1959.

During the International Year of the Child (1979), many states expressed the need for something more binding than a Declaration. It took ten more years to draft an acceptable Convention on the Rights of the Child, a process in which Canada played a leading role. The World Summit on Children (September 1989) acted as a catalyst for the signing and ratification of the Convention. The General Assembly of the United Nations adopted the Convention on November 20, 1989; Canada signed the Convention on May 28, 1990, thereby indicating the intention to proceed to ratification.

In December 1991, Canada ratified the Convention on the Rights of the Child. This landmark document goes beyond the inherent value of children and explicitly defines the inherent right of children around the world. It guarantees protection to children, within and outside of the family context, guarantees freedom of thoughts, conscience, religion, association, education, and assembly.

The UN Convention also states that children shall have access to information necessary to promote and maintain health. It recognizes the special needs and provides rights for disabled children to enjoy a "full and decent life", in dignity and with self reliance, and makes specific reference to children's health.

"Canadians share a belief that children and youth must be valued for themselves, and not just for the adults they will become. It is important to recognize that children are the citizens of tomorrow - they are our society's future - but it is even more important to recognize that children and youth have their own rights and entitlements today. They should have priority when it comes to our caring and our resources."

. . . Turning Points: The National Goals for Healthy Child and Youth Development, 1997

OUR INVOLVEMENT IN NATIONAL ACTIVITIES

Across Canada, inter-sectoral collaboration focussed on children's issues has increased in the past year. Prince Edward Island has been an active participant in the ongoing development of Canada's National Children's Agenda (NCA) and has played a key role in federal, provincial, and territorial collaboration within the health and social services sectors concentrating on the development of a comprehensive framework for early childhood development.

In September 1999, the Federal Throne Speech issued an invitation to provinces and territories to participate in the development of a "national action plan" with an emphasis on early childhood. This invitation was again repeated in the Federal Budget Speech in February 2000.

PRINCE EDWARD ISLAND: SAMPLES OF COMMUNITY INITIATIVES

In addition to the provincial government's involvement in multi-sectoral work focussed on children, numerous provincial activities both at the government and community levels have highlighted the commitment to children. In Southern Kings, a cross section of people involved in the lives of young children have been focussed on building relationships, and as a result, people who provide services to support young children and their families are working more collaboratively together to meet common objectives. In a similar manner, the Francophone community in the Evangeline region has established partnerships across sectors in developing a community strategy for children from the prenatal period to eight years old.

At the community level, the Early Childhood Development Association of Prince Edward Island has partnered with a number of organizations in a province wide "Understanding the Early Years" research project. This year long project is funded by Human Resource Development Canada, and is one of five sites chosen across Canada. The research involves kindergarten teachers in PEI, and will help to develop an understanding of how well our young children are doing in their physical, social, emotional, cognitive, and language development, and how we can best respond to their needs.

A unique partnership between the Early Childhood Development Association's Understanding the Early Years Project, PEI's Health Information Resource Centre, the Canadian Health Network, the Eastern Cooperative Health Organization, and Info PEI has begun to develop a provincial directory of all programs and services for children and their families. This directory will be available in both print and electronic formats.

PROVINCIAL CONSULTATIONS ON CHILDREN

Since the timing for the development of a PEI Strategy for Healthy Child Development coincided with the national consultations on the NCA, the Healthy Child Development Advisory Committee decided to integrate the two consultations. During September and October 1999, the Healthy Child Development Advisory Committee held seven public meetings across the province, facilitated numerous focus groups, and conducted key interviews with individuals who work in a variety of capacities with young children and their families. The Minister of Health and Social Services hosted a Provincial Round Table Discussion on Healthy Child Development and the National Children's Agenda. In total, more than 30 sessions were held, with more than 65 organizations represented, as well as youth, parents, grandparents, caregivers, and interested Islanders.

The ideas expressed by Islanders during these consultations were instrumental in developing our strategic directions and recommendations for action on behalf of young children in our province. This strategy is based on:

- ✓ feedback from our consultations with Islanders;
- ✓ previous provincial and Canadian reports and studies focussing on young children and their families; and
- ✓ current research on how children develop.

A STRATEGIC MODEL FOR HEALTHY CHILD DEVELOPMENT

"Strategy" has been defined as a technique or plan to achieve an end. It is both a science and an art. It is a science, since it must be based on evidence of what works, examples of exemplary practice, and include measurable and achievable goals and objectives. But a strategy is also an art, since a successful strategy weaves together a scientific base of information with broad ownership, common vision and values, a coordinated effort, and a sustained momentum.

Throughout our provincial consultations, and in developing a strategic model for Prince Edward Island, members of the Healthy Child Development Advisory Committee were guided by the Guiding Principles established by PEI Cabinet in January, 1999. As a result, our proposed model is focussed on positive child outcomes, based on current research, provides a systematic mix of programs, includes an evaluation (measuring and monitoring) component, and builds on existing programs, services, and community supports which have proven successful across Prince Edward Island.

Guiding Principles:

The PEI Strategy on Healthy Child Development will:

- focus on children and their families from prenatal to early school years
- be developed in partnership with community organizations and groups
- be based on current research and focussed on positive child outcomes
- have an evaluation component
- provide a systematic mix of interdepartmental and community programs with a priority on prevention and early intervention
- be resourced through federal, provincial, private sector and community partnerships
- build on existing programs, services and community supports.

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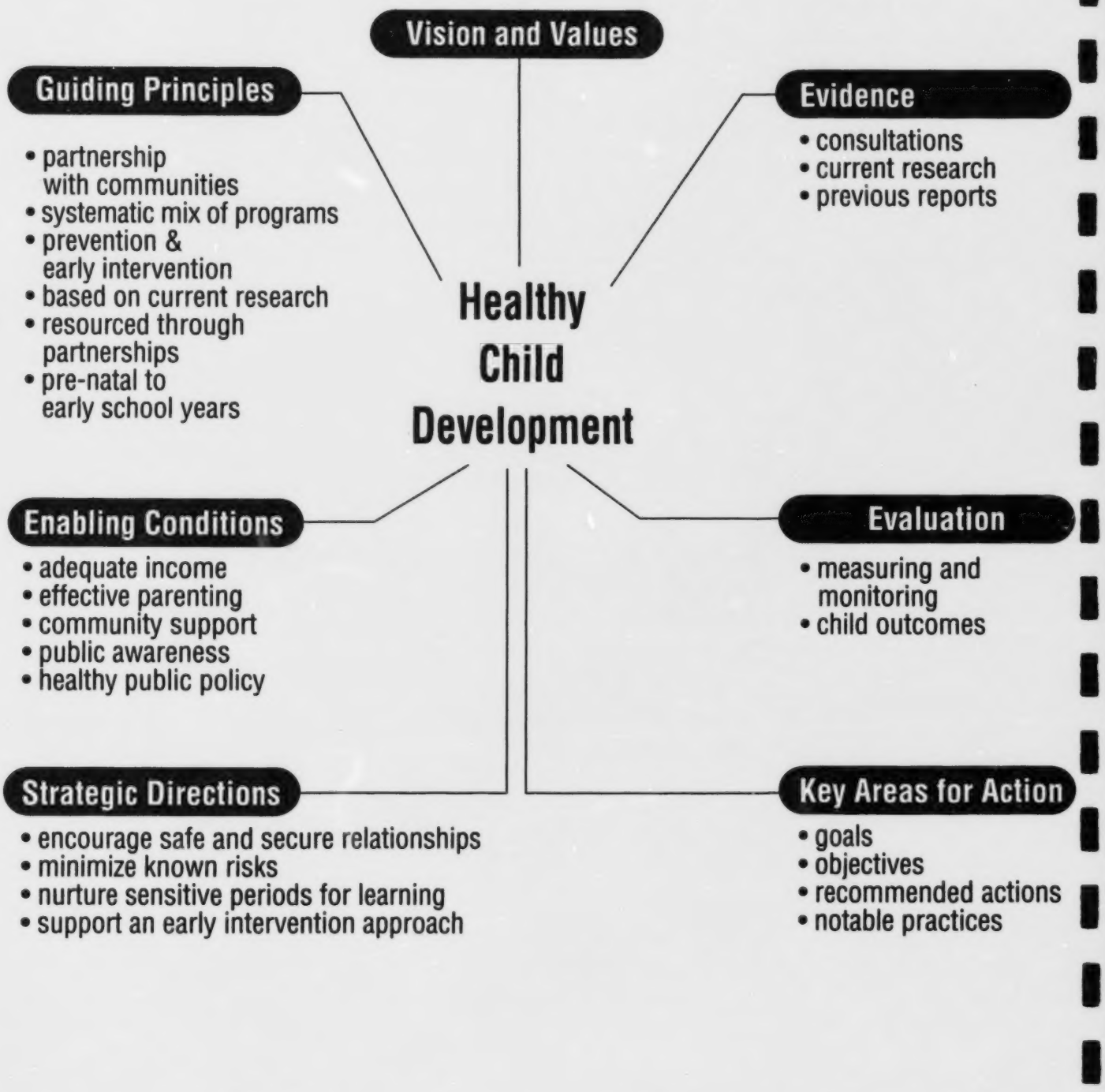
- be resourced through federal, provincial, private sector and community partnerships
- build on existing programs, services and community supports.

PEI Strategic Model



AN ISLAND STRATEGY

During our consultations across the province, Islanders clearly and consistently told us that if a strategy for children was to be successful, then it must be an Island strategy for all children, and owned by all Islanders. Government has an important role to play by providing leadership in order to build consensus among Islanders. Governments also have a role to play in managing resources that will provide investments in the early years, and in measuring and monitoring the success of strategic efforts. However, it is the collective ownership of this strategy - involving community, business and volunteer sectors, as well as parents and families - that will ensure its success.

As a partner in the development of the National Children's Agenda, the PEI Government endorsed the Vision and Values proposed for Canadian children. These draft statements were presented to Islanders during our consultation for discussion and thoughtful consideration. **The Vision and Values statements reflect ideas of Islanders, our provincial commitment to the National Children's Agenda, and form the basis of our focus on positive outcomes for children:**

OUR VISION

Children in Prince Edward Island will thrive in an atmosphere of love, care and understanding. They will be valued as individuals in childhood and will be given a sense of hope, pride in themselves and our Island, as well as opportunities to reach their full potential as adults.

Respected and protected, Island children will respect and protect the rights of others. Valued, nurtured and loved, they will grow up able to contribute to a society that appreciates literacy, diversity, supports the less able, and shares its resources.

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AN ISLAND STRATEGY

During our consultations across the province, Islanders clearly and consistently told us that if a strategy for children was to be successful, then it must be an Island strategy for all children, and owned by all Islanders. Government has an important role to play by providing leadership in order to build consensus among Islanders. Governments also have a role to play in managing resources that will provide investments in the early years, and in measuring and monitoring the success of strategic efforts. However, it is the collective ownership of this strategy - involving community, business and volunteer sectors, as well as parents and families - that will ensure its success.

As a partner in the development of the National Children's Agenda, the PEI Government endorsed the Vision and Values proposed for Canadian children. These draft statements were presented to Islanders during our consultation for discussion and thoughtful consideration. **The Vision and Values statements reflect ideas of Islanders, our provincial commitment to the National Children's Agenda, and form the basis of our focus on positive outcomes for children:**

OUR VISION

Children in Prince Edward Island will thrive in an atmosphere of love, care and understanding. They will be valued as individuals in childhood and will be given a sense of hope, pride in themselves and our Island, as well as opportunities to reach their full potential as adults.

Respected and protected, Island children will respect and protect the rights of others. Valued, nurtured and loved, they will grow up able to contribute to a society that appreciates literacy, diversity, supports the less able, and shares its resources.

Given the opportunity to develop their physical, creative, intellectual, emotional, social and spiritual capacities to the fullest, children in Prince Edward island will become tomorrow's successful and enthusiastic parents, care givers, workers and citizens.

Based on our collective Vision, Islanders considered the Values presented by the National Children's Agenda, and confirmed the following Values for children in Prince Edward Island:

VALUES

We believe the needs of Island children should be our first priority. We can foster the healthy development of Island children by supporting and respecting parents and families. We believe that children grow up best within homes that are able to provide security, nurturance, respect and love.

We respect and listen to the voices of all children and recognize their inherent worth. We value children for who they are now, as much as who they will become.

We believe that protecting the interests of children is a basic social responsibility.

We believe that communities have a significant role in the development of our children. We understand the value of working together. We believe that educators, coaches, care givers and other mentors make powerful contributions to children's growth and well being. We value people who love, care for, and teach our children.

We believe in reflecting the diversity of families in Prince Edward Island. Our goals celebrate the richness and diversity of Island languages, cultures, and the unique needs of each child.

One of the basic values that has guided the work of developing a Healthy Child Development strategy for PEI is that children are our priority, and parents are the foundation upon which the strategy will be built. Parents have primary responsibility for their children, and all Islanders share a responsibility to support parents in that important role.

It is not enough, however, to indicate that "we all need to work together" for children. We need to work together in a coordinated and systematic approach, so that our investments and efforts are complementary, are measurable, and are effective. The PEI Vision and Values make up an important component of our provincial model for a Strategy for Healthy Child Development.

The Healthy Child Development Strategy presented in this document is based on a coordinated and systematic plan for a five year period. Islanders across the province have emphasized, however, that this must be a long term effort, with sustained momentum from all sectors. Islanders also expressed the firm belief that while a strategy for children requires strong political will for implementation, it must be supported by all political parties as an ongoing provincial initiative. The strategic directions, goals, and objectives presented will initiate action, but will require ongoing monitoring, revision, and support.

> "...creation of a societal strategy for children is no easy task. It is innately difficult because the needs of children cross the traditional policy domains of governments, not fitting neatly and exclusively into existing categories such as justice, education and healthy policy, labour policy, tax policy, housing policy, and so forth. Child well-being is also affected by policies of employers in the public, private and voluntary sectors. Moreover, outcomes for children are affected by the policies of voluntary agencies, service clubs that provide programs, services, and support for children and families on an occasional or ongoing basis. Thus a good mix of policies for children requires innovative thinking and adjustment of longstanding habits by governments and other policy makers in the private and voluntary sectors. It requires a new framework as well as cross-jurisdictional learning and collaboration." (Jenson and Stroick, 1999)

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POSITIVE CHILD OUTCOMES

In the past number of years, efforts to improve the lives of young children in Prince Edward Island have focussed on eliminating negative conditions of living. As a society, we have worked to protect children from abuse, neglect, and violence. We have struggled to end child poverty. We have identified conditions of risk that are associated with numerous difficulties for children and families. We have developed a good sense of what doesn't work for children, and have developed government and community based programs and services to address these problems.

Our consultations suggest that Islanders have become more and more interested in understanding what conditions actually ***do*** work for children. Members of the Healthy Child Development Advisory Committee have chosen an approach which focuses on this type of positive approach to child development.

> Positive Outcomes for Children reflect measurable developmental milestones for children. These outcome measures describe aspects of child development, as opposed to process measures, which describe the results of specific initiatives.

The Strategic Model for Healthy Child Development focuses on positive outcomes for children that highlight the developmental potential of our children. Our challenge has been to define what works for children, and to agree on a definition of Healthy Child Development.

This Strategy emphasizes a holistic description of Healthy Child Development, and has adopted the goals of the National Children's Agenda as a set of broad, societal outcomes for children:

1. safety and security
2. good health
3. successful at learning
4. social belonging and responsibility

These broad categories of outcomes for children are based on our Vision and Values for Children, and were well received throughout our consultations with Islanders.

For each of the categories, the Advisory Committee has identified measurable outcomes which will form the basis of the evaluation component of this strategy. Based on the final work plan, measurable outcomes will be confirmed, and baseline data identified for benchmarks against which to measure our progress.

SAFETY AND SECURITY
Children's basic needs for food, shelter, clothing and safe physical environment will be met. Children will be protected from abuse, neglect, discrimination, exploitation and danger.

Measurable outcomes for safety and security include an analysis of whether basic needs for food, shelter, and clothing are being met; whether affordable housing is available; and whether children are free from violence, abuse, neglect, discrimination, and danger.

In 1998, total welfare income for a PEI single parent with one child was estimated at $11,676. This figures includes social assistance, the GST rebate, the federal child tax benefit, provincial tax credits and additional benefits. The low income cut-off for this same type of family is $19,158. Total welfare for PEI single parents therefore is only 61 per cent of the low income cut-off for that family type. Similarly, a couple with two children receives only 63 per cent of the low income cut-off for that family type. (Source: National Council on Welfare, *Welfare Incomes 1997 and 1998.* Winter 1999-2000.)

However, 1999 brought increased social assistance funding for PEI families. The Provincial government increased the food allowance by 10 per cent, increased the pregnancy food allowance by 10% and doubled the school allowance for families. As well, there was an increase in funding through the National Child Benefit. In September 2000, a Healthy Child allowance was introduced . This supplement is $14.00 per child per month. The purpose is to enable children to participate in community sporting and cultural activities. It was retroactive to April 2000.(Source: PEI Department of Health and Social Services)

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GOOD HEALTH

Children will be physically, emotionally, and spiritually healthy as possible, with strong self esteem, coping skills, and enthusiasm.

Measurable outcomes for good health include healthy maternity and healthy birth weight for infants; whether infants are breast fed; and the number of infants who demonstrate appropriate developmental milestones. Good health is also indicated by the number of children who are free from preventable injuries and diseases, and who are protected from exposure to environmental hazards. Proper nutrition, dental hygiene and good mental health are also considered to be indicators of health.

In 1994/95 the National Longitudinal Survey of Children and Youth asked mothers with children aged less than two about their alcohol consumption during pregnancy. The results indicate that the Eastern provinces had the lowest incidence in Canada at 8 per cent. This percentage includes both women who drank throughout the pregnancy and those who drank only prior to knowing they were pregnant. (Health Canada) However, if 8% of women in PEI used alcohol during their pregnancy, this means that 8% of our children are at risk for fetal alcohol syndrome or fetal alcohol effects. Fetal Alcohol Syndrome/Effects is an entirely preventable childhood disorder.

Low birth weight is a leading underlying cause of illness in infancy and childhood and can cause long term disabilities creating multiple needs for physiotherapy, speech therapy, specialized equipment, and other costly services.

In 1997, 85, or 5.3 per cent of babies born in PEI were considered to have low birth weights. The Canadian incidence of low birth weight the same year was 5.8 per cent. According to Statistics Canada (1999), PEI had the second lowest incidence of low birth weight in Canada. For the last number of years, PEI has consistently done well on this measure.

SUCCESSFUL AT LEARNING

Children will have opportunities to reach their potential for good physical and social development, artistic development, language skills, literacy, numeracy, and general knowledge. Throughout their lives, they will have opportunities to learn so they can develop the skills, knowledge and coping skills they need for a successful transition to adulthood.

Measurable outcomes for success in learning include the development of language, social, motor (large and small muscle) and general knowledge and cognitive skills, including literacy and numeracy. Children also need opportunities for artistic and creative development, for learning to problem solve, and for developing good self esteem and coping skills.

The Understanding the Early Years research presently underway in this province will provide valuable data concerning levels of "readiness to learn" in our five year old children. The assessment tool will allow an analysis, on a population level, of a number of aspects of "readiness to learn", including cognitive, language, social, and emotional skill levels.

SOCIAL BELONGING AND RESPONSIBILITY

Young children will be helped to form stable attachments to nurturing adults, including strong supportive relationships within and outside their families. All children will be encouraged to develop an understanding of the rights and responsibilities of belonging to a wider community, and to understand the personal and social consequences of their choices.

Indicators for social belonging and responsibility are more difficult to measure in children, because of the personal nature of emotional and social development.

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Often, success must be measured in relation to other developmental milestones, which indicate whether children have been able to develop a loving, strong, and positive child-parent (primary caregiver) relationship, acquire a sense of trust in their caregivers, and develop empathy for others.

Children need opportunities to:

- develop a sense of curiosity and respect about their environment,
- develop a concern for other social groups,
- develop an eagerness to try new things,
- develop strong and positive relationships with siblings,
- develop positive relationships with peers,
- play in a cooperative way with other children,
- engage in harmonious behaviour with other children,
- develop respect for others,
- develop respect for culture and diversity.

ENABLING CONDITIONS

We have come to understand that good outcomes for children are not dependent on any one specific type of family, or specific approach to parenting, or participation in any one program or service. Emerging research from Canada's National Longitudinal Survey of Children and Youth (NLSCY) has helped us to understand that Healthy Child Development is not the result of any one single factor, but the result of a complex interaction of conditions.

There is now a sizeable amount of research attempting to provide some analysis of the different factors that have a significant effect on child outcomes. The Canadian Policy Research Network has identified "adequate income, effective parenting, and supportive community environments" as factors that affect child outcomes, and therefore can be considered as enabling conditions. As a result of our consultations across Prince Edward Island, the Healthy Child Development Advisory Committee has added "public awareness" and "healthy public policy" as additional enabling conditions:

ADEQUATE INCOME

Adequate family income is needed to meet the basic physical needs of children for food, shelter and clothing, as well as to promote the social development of children by including them in community life, nurturing their talents, and ensuring they can participate with their peers in healthy and stimulating activities. Recent research using data from the NLSCY examined 27 elements of child development and found that risks of negative child outcomes and the likelihood of poor living conditions were noticeably higher for children living in families with incomes below $30,000.

The economic pressures of poverty during the early years wear down parental stamina and capacities, restrict the availability of essential resources in the home environment, and limit lifelong opportunities for young children.

Campaign 2000: Fundamentals First: An Equal Opportunity From Birth for Every Child, November, 1999

Adequate income, preferably earned income, can be assured by recognizing the cost of raising children, significantly reducing the cost of child care for employed parents, and providing additional income support to families with low earned incomes or maintenance payments. (Canadian Policy Research Network, 1999)

EFFECTIVE PARENTING

Research conducted by Cook and Wilms (1998) based on NLSCY data examined the influences of parental involvement (times per week the parent engages the child in talking, reading, playing, laughing, praising, and doing special things) on behaviour and preschool vocabulary, controlling for socio-economic variables such as family income and parental education. Results indicate that children who experience higher levels of parental involvement have fewer behavioural disorders and exhibit more pro-social behaviour. *The effect of parental involvement on these outcomes is greater than the effect of socio-economic status and family structure.*

Effective parenting can be supported through improved paid and unpaid parental leaves, flexible employment hours and schedules, improved access to health and developmental programs as well as community resource centres, and enhanced availability of high quality early childhood development programs for both employed and stay-at-home parents. (Canadian Policy Research Network, 1999)

SUPPORTIVE COMMUNITY ENVIRONMENTS

Children living in unsafe neighbourhoods are at greater risk of having lower scores for both cognitive and behavioural competence. Neighbourhood safety is enhanced where communities share values and common expectations.

Communities can provide supportive environments for children through access to reliable education, health, social and recreational services, by providing integrated delivery for all of these services, by creating "child friendly" spaces, and by collaborating across sectors to promote better outcomes for children. (Canadian Policy Research Network, 1999)

PUBLIC AWARENESS

Public awareness of the importance and impact of Healthy Child Development is necessary to paint ourselves into the picture of social consciousness. Public awareness grows as we nurture a vision of better outcomes for children, and public interest in ownership to act for change. Public awareness influences public values, opinions, and support. When supplemented by public education, marketing and strategic communication activities, there is an increased commitment to action by community and government partners.

The most consistent message in all of our consultations across the province was that an understanding and appreciation for the long lasting impact of early experiences needed to be fostered in all sectors of our community, our economy, our government, and in all Islanders. Early childhood experiences influence all aspects of our lives, and investments in early childhood have far reaching and positive consequences.

The following illustrates the impact of good early childhood development programs:

Healthy Child Development

HEALTHY PUBLIC POLICY

Public policy is a statement, direction, and/or position taken by a public agency, such as Government, on any number of issues. Policy may be development on employment initiatives, environmental issues, or for children and families. It has been argued that just about all public policy will have an impact on children and families.

We know that good research is the bridge to good public policy - for public policy must be relevant, realistic and able to stand the test of time. In today's world, public policy must also be collaborative in scope, built on partnerships, and responsible to the community it serves. In this strategic model, healthy public policy refers to those decisions made at government and community levels that actually support the health and well being of children and families.

Comparative international research suggests that outcomes for children (e.g., infant mortality, low birth weight, childhood injury) are better in those countries where public policy is supportive of children and families. Significant differences are found both in child outcomes, child poverty, and in supports for parents and families in countries where children are considered to be both a social and family responsibility (Norway, Netherlands, France, Germany, Sweden, Italy, European Union). Our research and consultations have indicated that healthy public policy underpins any strategic attempt to improve child outcomes.

Healthy Public Policy can support Healthy Child Development by:

- ✓ recognizing the importance of investing in the early years;
- ✓ supporting ongoing research;
- ✓ providing services and programs for all children;
- ✓ providing resources to support community involvement;
- ✓ supporting ongoing evaluation and monitoring of child outcomes;
- ✓ supporting analysis of government initiatives, policies, and legislation with regard to its impact on young children and their families; and
- ✓ closing the gap between what we know and what we do.

WHAT DO WE KNOW?

Research undertakings in the last ten years have greatly contributed to our understanding of how children develop, how they learn, and the significance and long-lasting impact of early experiences. Longitudinal studies have emphasized the long lasting impact of early intervention, from social, emotional, and financial perspectives. In Canada, the ongoing National Longitudinal Survey of Children and Youth has already provided important data on child development, and will continue to gather such information for years to come. In Prince Edward Island, the research study underway in the Understanding the Early Years project (1999-2000) will provide invaluable information to inform future planning, and to provide base line data against which to measure the effectiveness of new initiatives.

Probably the strongest evidence to support attention and investment in child development has been provided by emerging and ongoing brain research. Conclusive evidence now shows that both nature and nurture play critical but distinct functions:

- Children are born with a vast number of brain cells - this number is determined by heredity, and subject to prenatal influences.

- Those brain cells become "wired" or "connected" in the first three years of life. The number of cells that connect, and the ways in which they connect, is determined by the child's environment, including early attachment, stress, nutrition, stimulation, family violence, and physical environment.

Advances in brain research have provided an answer to the long standing debate about the importance of nature vs. nurture. For generations, parents and developmental psychologists alike have asked whether children developed because of their heredity (nature) or because of the environment (nurture) in which they were raised. What we now know, with certainty, is that human development hinges on the interplay between nature and nurture. Humans are born with a particular

number of brain cells which are determined by heredity and to a certain extent, prenatal health. However, it is the early experiences after birth that determine how those brain cells become connected. From the prenatal stage on through the entire process of development, the brain is affected by environmental conditions, including nourishment, care, surroundings, and early stimulation and learning. The impact of the environment is dramatic and specific, not merely influencing the general direction of development, but actually affecting how the intricate circuitry of the human brain is "wired".

Results of years of research on brain chemistry and sophisticated new technologies have now allowed neuroscientists to show how nature and nurture interact on a continuous basis as children grow and mature. While Magnetic Resonance Imaging (MRI) allowed neuroscientists a detailed view of the brain, a more recent and dramatic advance in brain imaging has been the development of the Positron Emission Tomography or PET scan. The PET scan allows scientists not only to observe brain structure in great detail, but also to record and measure with considerable precision the activity levels of various parts of the brain. This has allowed scientists to see how brains develop at various stages of life, to note the effects of various environmental factors on the brain, and to gain insight into the nature of brain dysfunction.

POLICY IMPLICATIONS - WHAT DO WE DO?

Research into brain development is exciting, and is ongoing. Key learnings have been identified that have implications for policy development, strategic planning, and future research. In almost all developed countries, however, there is a wide gap between what we know about brain development and its implications, and what we do to maximize this opportunity. In part, this is due to the speed with which we are learning how the brain develops, and its dramatic and far reaching effect on health and development. But in most developed countries, technology and research has historically been used to further develop intensive and expensive interventions to remedy problems and difficulties. The challenge before us now is to re-orient public policy and strategic actions in order to promote optimal development and support prevention and early intervention approaches.

STRATEGIC DIRECTIONS

Strategic directions for the Prince Edward Island model for Healthy Child Development are grounded in key learnings of current research, and have been soundly endorsed during our provincial consultations. These directions support an approach that builds on the strengths in our children, families, and communities.

> Key Learning #1: Early care and nurture have a decisive, long-lasting impact on how people develop, their ability to learn, and their capacity to regulate their own emotions.

Of all of the early experiences that affect how children develop, nothing is more important than early care and nurturing. When infants are held and cuddled, they tend to thrive. Warm responsive care promotes healthy brain development, and actually protects a child to some extent against effects of later stress. Children who are nurtured in their early years tend to be more resilient as they get older, and are less likely to show behaviour problems.

A strong secure attachment to a nurturing caregiver appears to have a protective biological function, "immunizing" an infant to some degree against the adverse effects of later stress or trauma. Children who receive such sensitive and nurturing care in the first year of life produce lower levels of cortisol in response to stress. Cortisol is associated with metabolism, immune system, brain development, and cognitive, motor, and social delays.

Early neurological development is shaped not only by physical conditions, but also by an individual's social environment. The kinds of attachments an infant forms with primary caregivers have a decisive effect on later ability to control and display emotions, including aggression. Children learn in the context of their important relationships. The best way to help very young children grow into curious, confident, and able learners is to give them warm, consistent care so that they can form secure attachments to those who care for them.

This knowledge leads us to Strategic Direction #1:

> Encourage the development of supportive and secure relationships.

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Key Learning #2: The human brain has a remarkable capacity to change, but timing is crucial.

We now know that by the time a child is three years old, his/her brain is twice as active as the brain of an adult, and will stay that way until the child is about ten years old. The brain's ability to change is remarkable in these first ten years. After that it is not impossible, but it does slow down. Scientists have learned that different areas of the brain actually increase in size when they are exposed to stimulating conditions.

> The concept of the sensitive periods for learning rests on the premise that neurological development depends on the exposure of the brain to many kinds of stimulation according to a predictable timetable. When there is a disruption of the normal developmental schedule of experience, neural connections are not made properly, and the cortical columns that result are thinner than they should be, sometimes with devastating results. For example, a normal kitten that is blindfolded during the sensitive period for learning when visual stimulation is required will never have normal vision. Moreover, if that kitten receives visual input but does not get motor stimulation, this deprivation will affect the kitten's visual-motor coordination.
>
> Hubel and Wiesel, as reported in Rethinking the Brain,1997

New research findings have demonstrated that within this remarkably active brain, there are times in a young child's life when the brain is physically more receptive to particular types of learning. Many of these "sensitive periods for learning" emerge during the first few years of life. There are times when the brain is primed to develop specific permanent connections - periods when it absolutely must have the appropriate input in order to develop.

Different abilities develop according to their own unique schedules. There are specific times when a child is "primed" for language, or for complex skills like riding a bike. It's not that these skills are impossible to learn at a later date - it will just be more difficult - similar to "swimming upstream".

Since no single strategy will result in optimal brain development, efforts to promote children's learning must be comprehensive.

The brain has the capacity to change in important ways in response to experience. A person's capacities are not fixed at birth - the brain itself can be altered - or helped to compensate for problems - with appropriately timed, intensive interventions. Such "plasticity" presents us with immense opportunities and responsibilities. Timing is crucial, however, since there are prime times for optimal development. These sensitive periods signify a time in development when the brain is biologically ready for specific types of stimulation.

Sensitive periods do not exist for brain development as a whole, but rather for each of the brain's systems. The study of PET scans has given insight to these critical periods - understanding when and where brain activity rises sharply tells us when a critical period for a particular type of learning takes place. It is significant that many sensitive periods for learning emerge in the very early years.

This knowledge leads us to Strategic Direction #2:

Nurture early sensitive periods for learning.

The diagram on the following page illustrates some examples of sensitive periods for learning as components for school readiness. This chart illustrates the period of time during which a sensitive period is at its peak in the darkest areas. As a sensitive period wanes, the shading fades until the sensitive period disappears.

It is interesting to note that most of the skills typically identified as being important for school readiness are developed during sensitive periods that occur very early in the preschool years.

Key Learning #2: The human brain has a remarkable capacity to change, but timing is crucial.

We now know that by the time a child is three years old, his/her brain is twice as active as the brain of an adult, and will stay that way until the child is about ten years old. The brain's ability to change is remarkable in these first ten years. After that it is not impossible, but it does slow down. Scientists have learned that different areas of the brain actually increase in size when they are exposed to stimulating conditions.

> The concept of the sensitive periods for learning rests on the premise that neurological development depends on the exposure of the brain to many kinds of stimulation according to a predictable timetable. When there is a disruption of the normal developmental schedule of experience, neural connections are not made properly, and the cortical columns that result are thinner than they should be, sometimes with devastating results. For example, a normal kitten that is blindfolded during the sensitive period for learning when visual stimulation is required will never have normal vision. Moreover, if that kitten receives visual input but does not get motor stimulation, this deprivation will affect the kitten's visual-motor coordination.
>
> Hubel and Wiesel, as reported in Rethinking the Brain,1997

New research findings have demonstrated that within this remarkably active brain, there are times in a young child's life when the brain is physically more receptive to particular types of learning. Many of these "sensitive periods for learning" emerge during the first few years of life. There are times when the brain is primed to develop specific permanent connections - periods when it absolutely must have the appropriate input in order to develop.

Different abilities develop according to their own unique schedules. There are specific times when a child is "primed" for language, or for complex skills like riding a bike. It's not that these skills are impossible to learn at a later date - it will just be more difficult - similar to "swimming upstream".

Since no single strategy will result in optimal brain development, efforts to promote children's learning must be comprehensive.

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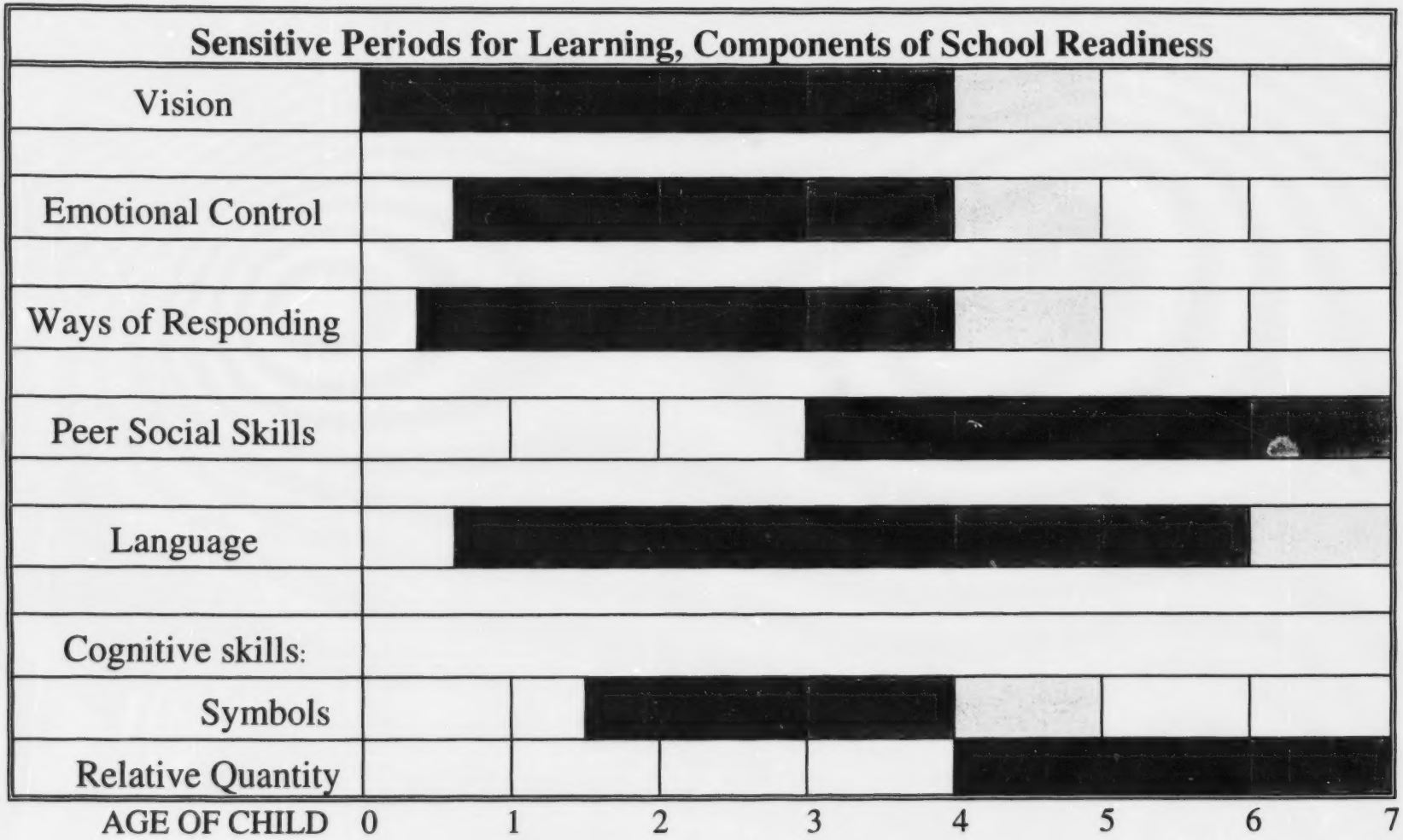
Sensitive Periods for Learning, Components of School Readiness
Vision
Emotional Control
Ways of Responding
Peer Social Skills
Language
Cognitive skills:
Symbols
Relative Quantity
AGE OF CHILD 0 1 2 3 4 5 6 7

Key Learning #3: The brain's plasticity also means that there are times when negative experiences or the absence of appropriate stimulation are more likely to have serious and sustained effects.

> There is now substantial evidence that the quality of early childhood experiences has long term effects on individuals' performance in the education system, their behaviour in adult life, and their risks for chronic diseases in adult life. We also know that the quality of the social environment in which individuals and families live and work has major effects on all stages of development.
>
> **Growing Up In Canada, 1996.**

We know that just as rich, positive experiences can promote healthy development, we also understand that negative experiences also have a long lasting, negative effect on children's development. We know that unhealthy life style choices during pregnancy have a direct effect on an infant's health at birth and beyond. Early trauma and abuse (during pregnancy and after birth) can result in anxiety and depression. Adverse experiences throughout childhood can affect how children learn, how they behave, how they problem solve, and can predispose a child to violence and aggression in response to stress. Major risk factors include trauma, child abuse and neglect, substance abuse (including smoking), maternal depression (e.g., post partum depression), exposure to environmental toxins, and poverty.

Ongoing research has identified a number of risk factors to optimal brain development. While there is still debate as to the effects of particular behaviours and whether they can be distinguished from the impact of other risk factors, studies have demonstrated that a child's brain development is adversely affected by the impacts of trauma, abuse and neglect, maternal depression, substance abuse, maternal smoking during pregnancy, institutionalization, and poverty.

This knowledge leads us to Strategic Direction #3:

Minimize known risks to healthy development.

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This knowledge leads us to Strategic Direction #3:

Minimize known risks to healthy development.

Key Learning #4: There is substantial evidence to support the wisdom and efficacy of early intervention.

Numerous studies and reports have demonstrated the positive effects of early intervention programs. Over and over again, it has been shown that intensive, well designed, timely intervention can improve the prospects and quality of life for many children who are considered to be at risk of cognitive, social, or emotional impairment. In some cases, effective intervention can even improve conditions once thought to be virtually untreatable, such as autism and intellectual impairments.

Longitudinal studies have demonstrated the long term effects, both in social and economic gains, that can be realized with high quality early intervention.

*The **Perry Preschool Project** provided early intervention and support to 3 and 4 year old children and their families, and then monitored these children as they grew up, along with children in a control group. After 24 years of follow up, it was found that compared to the control group, children who had participated in the early childhood program:*

- *had 50% fewer arrests*
- *had 33 % more high school completions*
- *had higher earnings and property wealth*

This study showed that investing in children results in substantial savings to communities and a better quality of life for individuals. By the time participants reached age 27, every $1 invested in the program had yielded savings of $7.16.

Bottom Line: The economic return from the Perry Preschool Project outperformed the stock market from 1963 to1993.

Shore, 1997

This knowledge leads us to Strategic Direction #4:

Encourage and support early intervention.

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Old Thinking:	New Thinking:
How a brain develops depends on the **genes** you are born with.	How a brain develops hinges on a complex **interplay** between the **genes** you're born with and the **experiences** you have.
The **experiences** you have before age three have a **limited impact** on later development.	Early **experiences** have a **decisive impact** on the architecture of the brain, and on the nature and extent of adult capacities.
A **secure relationship** with a primary caregiver creates a **favourable context** for early development and learning.	**Early interactions** don't just create a context. they **directly affect** the way the **brain is "wired"**.
Brain development is **linear**; the brain's capacity to learn and changes grows steadily as an infant progresses toward adulthood.	Brain development is **non-linear**; there are prime times for acquiring different kinds of knowledge and skills.
A toddler's brain is much **less active** than the brain of a university student.	By the time children reach age three, their brains are **twice as active** as those of adults. Activity levels drop during adolescence.

"Rethinking the Brain: Insights into Early Development" by Rima Shore (1997)

KEY AREAS FOR ACTION

Specific activities to support the strategic directions described above have been organized into thirteen "key areas" for action. Each of the key areas describes specific goals and objectives, recommended actions, comments and where applicable, identified "notable practices".

One of the distinguishing features of this strategy is the integrated nature of the goals, objectives, and recommended actions. While each of the key areas may appear to be distinct, and to represent either a specific sector and field of interest, the components of this strategy are meant to be inter-related, and mutually supportive of each other. Therefore, it is not possible to isolate one aspect of the recommended actions, since all activities represent a systematic, and comprehensive approach to Healthy Child Development.

The Key Areas for Action are not presented in any order of priority. The first six areas represent those outcomes that are specific to children themselves. The next seven areas represent those environments which support positive outcomes for children.

Key areas for Action include:

1. Pregnancy, Birth and Infancy
2. Early Childhood Care and Education
3. Exceptional Needs
4. Childhood Injury
5. Children's Mental Health
6. Family Literacy
7. Parent Support
8. Screening and Assessment
9. Protecting our Children
10. Environment
11. Technology
12. Public Education
13. Building a Children's Continuum

KEY AREA FOR ACTION: PREGNANCY, BIRTH, AND INFANCY

Goal: Women will enjoy good health during pregnancy.

- ✓ Reduce the incidence of harmful substance use during pregnancy.
- ✓ Increase number of parents attending prenatal classes.
- ✓ Promote good nutrition during pregnancy.
- ✓ Reduce the number of women who smoke during pregnancy.
- ✓ Work with partners to ensure that pregnant women are not exposed to toxins in workplaces/public buildings.
- ✓ Reduce the number of women who are exposed to second hand smoke during pregnancy.
- ✓ Increase the range of social supports during pregnancy.
- ✓ Reduce psycho social risks to women during pregnancy.
- ✓ Reduce the number of teen pregnancies.

Goal: Children will be born as healthy as possible

- ✓ Maintain or reduce the incidence of low birth weight.
- ✓ Reduce the incidence of fetal alcohol syndrome/effects (FAS/FAE).
- ✓ Reduce the incidence of children born with serious diseases, eg., HIV positive, drug addictions.

Goal: Children will enjoy optimal health during the first year of life.

- ✓ Increase the number of children who are initiated onto breastfeeding and the duration of time they are breastfed.
- ✓ Promote the development of healthy parent-child attachments.
- ✓ Build on existing programs which support optimal maternal/child health.
- ✓ Increase public awareness of the risk factors associated with Sudden Infant Death Syndrome (SIDS).

KEY AREA FOR ACTION: EARLY CHILDHOOD CARE AND EDUCATION

Goal: Prince Edward Island Will Have an Integrated Continuum of Early Childhood Development Programs from Infancy to School Entry

- ✓ Work with communities and partners to establish a continuum of early childhood development programs and services that are responsive to community needs.
- ✓ Work with partners to ensure a positive transition from early childhood care and education into early school years.
- ✓ Ensure that standards of quality are inherent in all aspects of all early childhood care and education programs.

Goal: Early Childhood Care and Education Programs in Prince Edward Island Will Follow a Developmentally Appropriate Curriculum Plan

- ✓ Develop and implement a developmentally appropriate early childhood curriculum, based on research about sensitive periods for learning.
- ✓ Develop and implement a PEI Kindergarten Curriculum based on work of the Atlantic Provinces Education Foundation and our knowledge of current brain research.

Goal: Early Childhood Educators Will Be Recognized as Professionals

- ✓ Develop educational requirements for early childhood educators consistent with expectations re program development, delivery, and supervisory duties.
- ✓ Increase options for a variety of levels of qualifications for early childhood educators.
- ✓ Establish a provincial plan for in-service and professional development for all early childhood educators.
- ✓ Support the development of pay scales for Early Childhood Educators consistent with level of certification, experience, and duties.

Goal: Children on PEI Will Have Improved Access to Early Childhood Care & Education Programs

- ✓ Complete an analysis of current barriers to accessibility to licensed early childhood care and education programs.
- ✓ Develop a phased-in approach to solutions regarding accessibility.
- ✓ Encourage communities and businesses to develop a culture of child friendly workplaces and communities.

KEY AREA FOR ACTION: CHILDREN WITH EXCEPTIONAL NEEDS

Goal: Children with Exceptional Needs Will Have Access to High Quality Inclusive Programs

- ✓ Increase supports to early childhood centres and primary grades for inclusive programs.
- ✓ Identify the necessary skills and training needed to work with children with exceptional needs.

Goal: Assessments and Interventions Will Be Carried Ut in a Timely and Professional Manner

- ✓ Ensure professional standard of assessment for children with exceptional needs.
- ✓ Ensure that all children requiring assessment and follow up intervention services receive them in a timely manner.

- ✓ Work with partners to ensure a flow of communication among families, early childhood centers, health/social services and education.

Goal: Speech and Language Services Will Be Accessible and Comprehensive.

- ✓ Increase the capacity of communities and professionals to carry out services.
- ✓ Develop parental awareness and capacity to enhance children's speech and language abilities.

Goal: Communication Devices are Available and Accessible.

- ✓ Increase the use of technology and communication resources for children with special communication needs.

Goal: Families of Children with Exceptional Needs are Supported.

- ✓ Increase supports for parents of children with exceptional needs.
- ✓ Increase opportunities for family activities.

KEY AREA FOR ACTION: CHILDHOOD INJURY

Goal: Children on PEI Will Be Safe from Physical Injury

- ✓ Increase awareness of parents and caregivers of the physical safety of children.
- ✓ Reduce the incidence of childhood injury due to traffic accidents.
- ✓ Reduce the incidence of childhood injury related to playground injuries.
- ✓ Reduce the incidence of childhood injury related to bike safety.
- ✓ Reduce the incidence of childhood injury related to toys and furniture.
- ✓ Reduce incidence of childhood injury related to the indoor/outdoor home environment.
- ✓ Reduce incidence of injuries to children as a result of fire hazards.
- ✓ Reduce incidence of farm related injuries to children.
- ✓ Increase information on child medicines to parents and caregivers.
- ✓ Reduce the incidence of injury to children playing sports.
- ✓ Increase opportunities for parents and caregivers to train in First Aid and CPR methods.
- ✓ Reduce incidence of injury or death caused by drowning or water hazards

Goal: Prince Edward Island Will Have a Well Developed System of Tracking and Monitoring Childhood Injuries.

- ✓ Increase provincial capability of tracking and monitoring childhood injuries.

KEY AREA FOR ACTION: CHILDREN'S MENTAL HEALTH

Goal: Parents and Professionals Will Have a Greater Understanding of the Nature of Children's Mental Health During Infancy Period

- ✓ Increase parents' awareness of impact of lifestyle choices during pregnancy

that have impact on children's behaviours.

- ✓ Increase the understanding of the importance of parent-child attachment and its impact on infant mental health.
- ✓ Increase awareness of post partum depression and its impact on Children's Mental Health.
- ✓ Increase the level of supports to parents of newborns during the infancy period.

Goal: Parents and Professionals Will Have a Greater Understanding of the Nature of Children's Mental Health During the Preschool Years

- ✓ Increase parental understanding of developmental characteristics of behaviour during the preschool years.
- ✓ Increase the capacity of early childhood educators and other professionals who work with preschool children to understand nature of behavioural challenges and effective interventions.

Goal: Parents and Professionals Will Have a Greater Understanding of the Nature of Children's Mental Health During the Early School Years

- ✓ Increase parental understanding of behavioural characteristics of this age group.
- ✓ Ensure early assessment and treatment for learning difficulties that can have an effect on children's self esteem and their behaviour.

Goal: Prince Edward Island Will Use a Multi-sectoral and Integrated Approach to Issues Affecting Children's Mental Health

- ✓ Develop a comprehensive framework for Children's Mental Health.
- ✓ Establish a multi-sectoral Children's Mental Health Coalition
- ✓ Support and enhance established Children's Mental Health multi-service teams.

KEY AREA FOR ACTION: FAMILY LITERACY

Goal: Ensure Family Literacy Is a Community Based Effort That Promotes and Supports Life-long Learning of Children Within Their Families and Communities

- ✓ Increase the number of community based activities that support family literacy.
- ✓ Increase opportunities to promote literacy in young children.

KEY AREA FOR ACTION: PARENT SUPPORT

Goal: Parents Will Be Able to Provide for Their Children's Basic Needs for Food, Clothing, and Shelter.

- ✓ Increase ability of parents to meet basic needs of children for good nutrition, clothing, and safe, affordable housing.

Goal: Parents Will Be Supported in Balancing Work and Family Responsibilities.

- ✓ Increase financial supports to parents to assist with the cost of child care.
- ✓ Increase the number of businesses in the private and public sectors that provide family friendly work place policies.
- ✓ Increase parents' ability to access high quality child care arrangements for children younger than two years old.
- ✓ Increase parents' ability to access high quality child care arrangements within flexible models.

Goal: Teen Parents Will Have the Knowledge, Skills, and Attitudes to Achieve Healthy Outcomes for Themselves and Their Children

- ✓ Teen Parents will have the support they need to finish high school.
- ✓ Teen Parents will have access to services which are provided in a non-judgmental manner.

Goal: Parents Will Be Well Informed about Healthy Child Development

- ✓ Increase knowledge of normal developmental milestones and expected behaviours.
- ✓ Increase knowledge and action on sensitive periods for learning.

Goal: Parents Will Have Access to Appropriate Programs and Services.

- ✓ Increase availability, access to, and participation in various types of programs for parents, including workshops, parent education and family resource centres.
- ✓ Increase the number of foster care families.
- ✓ Adoptive parents will have equal access to programs and services.

KEY AREA FOR ACTION: SCREENING AND ASSESSMENT

Goal: PEI Has a Continuum of Screening and Assessment Services for Children from Prenatal to Early School Years.

- ✓ Ensure that the use of screening and assessment procedures in the province are consistent and reflect best practice.
- ✓ Establish an enhanced continuum of screening and assessment services from prenatal to early years based on Healthy Child Development.
- ✓ Establish a steering committee to evaluate the continuum and to identify gaps in services.
- ✓ Enhance screening and assessment between 18 months and 4.5 years of age.
- ✓ Explore the possibility of establishing a universal infant screening process for hearing and vision.
- ✓ Establish a consistent screening and assessment model for children entering kindergarten and the public school system as part of the early childhood care and education continuum.

- ✓ Increase the skill and expertise of professionals who use screening and assessment tools.
- ✓ Decrease the length of time waited for access to speech-language assessment and services.
- ✓ Increase the system's capacity to respond to speech-language needs.
- ✓ Decrease the length of time waited for access to auditory assessments and services.
- ✓ Increase the system's capacity to respond to the needs of children with auditory difficulties.

KEY AREA FOR ACTION: PROTECTING OUR CHILDREN

Goal: Prince Edward Islanders will be aware of the risks and dangers to our children's personal safety

- ✓ Increase public awareness of and support for effective approaches to crime and violence prevention.
- ✓ Promote integrated action on crime and violence prevention by public, private and community partners.

Goal: Island children will live, learn and play in safe environments

- ✓ Decrease children's exposure to violence in the media including the Internet.
- ✓ Increase the education initiatives and information available to parents and caregivers around effective parenting styles for Healthy Child Development.
- ✓ Increase the focus of our justice system on Healthy Child Development.
- ✓ Increase social skill training, including conflict resolution, for young children.
- ✓ Increase social skill training, including conflict resolution, for parents, early childhood educators, teachers and others who work and care for young children.
- ✓ Decrease violence in sports.

Goal: Prince Edward Island will have strong community leadership around Healthy Child Development

- ✓ Encourage all Island communities to be inclusive, respectful of diversity and open in their leadership and governance.
- ✓ Facilitate, encourage and promote linkages/partnerships between and among projects, groups, community and government.
- ✓ Enable and increase the capacity of community to implement community-based solutions to crime and violence.
- ✓ Increase awareness and action on root causes of, and lasting solutions to, crime and violence.
- ✓ Foster and recognize outstanding contributions by community members.

Goal: All Islanders will be treated with Dignity and Respect

- ✓ Respect and celebrate the heritage , language and culture of our Island children and their families.

- ✓ Increase the understanding of and appreciation for equity and diversity.
- ✓ Decrease stigmatization for children and families.

Goal: Children, Parents/ Caregivers will be supported in "at risk" situations

- ✓ Increase the protection of our children's privacy and respect.
- ✓ Increase the supports to children and parents at times of change in their lives.
- ✓ Decrease the number of children exposed to substance abuse in their families.
- ✓ Increase the implementation of early intervention mechanisms.
- ✓ Increase the opportunity for family cohesion and healthy development.
- ✓ Decrease the likelihood for children to become involved in future criminal behaviour.
- ✓ Reduce impact on children of victimized women and various affected vulnerable and /or at risk groups.
- ✓ Increase visibility of current efforts to reduce fear and victimization of women and vulnerable groups.

Goal: Island Children will be free from Sexual Abuse

- ✓ Develop a caring community that protects children and recognizes the responsibility to safeguard, protect and afford those children the rights to which they are entitled .
- ✓ Put the safety of the child first.
- ✓ Work with partners to treat children as individuals within community and government systems and programs.

Goal: Island Families will be free from Family Violence/Abuse and Neglect

- ✓ Decrease the incidence of family violence, abuse and neglect.
- ✓ Decrease the incidence of workplace harassment.
- ✓ Increase public education efforts around family violence, abuse and neglect.
- ✓ Decrease the number of victims and offenders by focussing programs and services on the early intervention necessary for the healthy development of our children.

Goal: Prince Edward Island will develop protective and supportive legal and regulatory frameworks

- ✓ Ensure the child is the priority of our federal and provincial justice systems.
- ✓ Create laws/regulations that help government with the implementation of early intervention programs.
- ✓ Increase the efficiency and effectiveness of our judicial system based on the early intervention strategies that are fundamental to Healthy Child Development principles.
- ✓ Recognize and increase the protection of children's rights to privacy and confidentiality in our justice system.
- ✓ Ensure the justice system protects our children.

KEY AREA FOR ACTION: ENVIRONMENT

Goal: Children Will Grow up in a Healthy and Safe *Natural* Environment.

- ✓ Reduce children's exposure to pesticides and other environmental toxins.
- ✓ Increase public knowledge about environmentally friendly household products.
- ✓ Increase public awareness of environmental hazards for children and others including: poor quality housing, former industrial properties and areas where toxins are used.
- ✓ Regulate the use of toxins.
- ✓ Reduce the occurrence of asthma.
- ✓ Reduce the number of children exposed to second hand smoke.

KEY AREA FOR ACTION: TECHNOLOGY

Goal: Technology Will Be Used as a Tool to Support Effective Access, Research, Evaluation Support, and Delivery of Healthy Child Development Strategy

- ✓ Utilise technological infrastructure to enhance access to specialized health services on and off the Island.
- ✓ Use technology as a tool to increase opportunities for Islanders to learn about new brain research and sensitive periods for learning.
- ✓ Utilize technology to enhance professional development opportunities on Island.
- ✓ Build and integrate data bases to allow research evaluation and real time management of target populations.
- ✓ Ensure that the government partners and the public are educated on Internet safety especially as it pertains to children.
- ✓ Utilize technology applications to empower and enable children, families and communities.

KEY AREA FOR ACTION: PUBLIC EDUCATION

Goal: Islanders will be motivated through public education to strive for the outcomes and ownership of the Healthy Child Development Strategy.

- ✓ Increase opportunities for Islanders to learn about new brain research and sensitive periods for learning.
- ✓ Encourage all Island communities to develop their own action plan for Healthy Child Development.
- ✓ Profile the effectiveness of communities in responding to their individual community needs.

Goal: Promote the role of families and communities as participants in Early Childhood Development Programs.

- ✓ Foster respect for the young child's natural learning process and prepare children for schools and schools for children.

Goal: **Broaden the network of Government and Community Partners committed to the well being of Island Children.**

- ✓ Increase the practical, focused information on childhood issues available to the following: parents, families, care givers, educators, trainers, community leaders, judges and policy makers.
- ✓ Enhance the exchange of information among partners and develop ongoing relationships to benefit young children and families.
- ✓ Increase opportunities for institutions and individuals to learn bout each other.
- ✓ Facilitate accessibility to electronic network information exchange and develop links around Healthy Child Development.
- ✓ Increase the information available on early childhood policies, organizations and programs.

KEY AREA FOR ACTION: BUILDING A CHILDREN'S CONTINUUM

Goal: **Programs and Supports for Children will be Holistic in Nature**

- ✓ Services for children will be planned collaboratively at the community level.
- ✓ Programs which support children will focus on the holistic needs of the child.
- ✓ Programs and supports for children across governments and community sectors will strive for integration.
- ✓ Develop planning that supports smooth transitional processes and encourages life long learning.
- ✓ Provide ongoing evaluation and monitoring to ensure outcomes identified in the Healthy Child Development Strategy are met.

Listing of Acronyms
Healthy Child Development Advisory Committee

ABA	Applied Behaviour Analysis
ABE	Adult Basic Education
ACL	Association for Community Living
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AIDS	Acquired Immune Deficiency Syndrome
B.C.	British Columbia
CAP	Community Access Program
CAPC.	Canada Assistance Program for Children
CBC	Canadian Broadcasting Corporation
CCJA	Canadian Criminal Justice Association
CHIRPP	Canadian Hospitals Injury Reporting and Prevention Program
CLIA	Community Legal Information Association
CMP and	Community Mobilization Program (Justice Canada (Solicitor General of Canada)
CPNP	Canada Pre-Natal Nutrition Program
CPR	Cardiopulmonary Resuscitation
CRTC	Canadian Radio-Television and Telecommunication Commission
CSA	Canadian Standards Association
DISC	Diagnostic Inventory Screening
ECDA	Early Childhood Development Association
ECD	Early Child Development
ECE	Early Childhood Educators
ECERS	Early Childhood Environmental rating Scale by " Harms and Clifford".
ECHO	Eastern Cooperative Health Organization

EI	Employment Insurance (Human Resource Development Canada)
FAS/FAE	Fetal Alcohol Syndrome/Effects
F/P/T	Federal Provincial Territorial
GIFT	Graduation is for Teen Moms Program
GP	Doctor of Medicine, General Practitioner, Family Doctor
HCD	Healthy Child Development
HCDAC	Healthy Child Development Advisory Committee
HIRC	Health Information Resource Centre
HIV	Human Immuno Deficiency Virus
HRDC	Human Resource Development Canada
IEP	Individual Education Plan
ISO-4000	International Standards Organization
ITAP	Information Technology Association of PEI
IODE	Imperial Order of the Daughters of the Empire
LAC	Looking After Children
LMDA	Labour Market Development Agreement
LoPHID	Local Public Health Infrastructure Development
LOVE	Let Older Volunteers Educate
MAST	Multi - Agency Service Team
MRI	Magnetic Resonance Imaging
NCA	National Children's Agenda
NCB	National Child Benefit
NCPC	National Crime Prevention Centre
NLS	National Literacy Secretariat
NLSCY	National Longitudinal Study of Children and Youth
NS	Nova Scotia
ONT	Ontario
PAC	Premier's Action Committee on Family Violence

PECS	Picture Exchange Communication System
PEI	Prince Edward Island
PEICPA	PEI Crime Prevention Association
PET	Positron Emission Tomography
PG	Parental Guidance (rating)
Primary	Primary Grades on PEI mean grades one, two and three.
UEY	Understanding Early Years
U. N.	United Nations
UPEI	University of Prince Edward Island
PHN	Public Health Nurse
RCMP	Royal Canadian Mounted Police
SIDS	Sudden Infant Death Syndrome
SLP	Speech and Language Pathologist
TOTS	Take Off the Summer
TV	Television
WHMIS	Workplace Hazardous Materials Information System

REFERENCES

Anderson and Elsinga, Speech Langauage Pathoilogy Services to Island Schools, May 11, 2000

Armstrong, Jim, From Controlling to Collaborating:When Governments want to be Partners, the Governance Network, May 1999.

Avard, D., and Tipper, J. Building Better Outcomes for Canada's Children. Ottawa: Canadian Policy Research Network, 1999.

Battle, Ken and Torjman, Sherri. "Ottawa Should Help Build a National Early Childhood Development System". Ottawa: Caledon Institute of Social Policy, 1999.

Berrueta-Clement, J., Schweinhart, L., Barnett, W.S., Epstein, A., and Weikart, D. Changed Lives: The Effects of the Perry Preschool Program on Youths through Age 19. Michigan: High/Scope Press, 1984.

Bloom, S. "ALD Update: New Trends and Products in Assistive Technology" The Hearing Journal, Vol. 51, No. 5, May 1998.

British Columbia Ministry for Children and Families, " Measuring Our Success", BC Printer, 1999

Brantingham, P. and Easton, S. The Crime Bill: Who Pays and How Much? Vancouver: Fraser Institute, 1996.

Canadian Agricultural Injury Surveillance Program. Fatal Farm Injuries in Canada, 1990-1996. Agriculture and Agri-Food Canada, 1998.

Canadian Agricultural Injury Surveillance Program. Hospitalized Farm Injuries in Canada, 1990-1996. Agriculture and Agri-Food Canada, 1999.

Canadian Criminal Justice Association. Crime Prevention in Canada. Ottawa, 1990.

Canadian Hospitals, Injury Reporting and Prevention Program, Injuries associated with Trampolines, Health Canada , March 2000.

Canadian Institute of Child Health. The Health of Canada's Children: A CICH Profile, 2nd Edition. Ottawa, 1994.

Canadian Institute of Child Health: The Health of Canada's Children: A CICH Profile, 3rd Edition. (In Press)

Canadian Policy Research Network. Measuring Government Performance. Networknews, Fall 1999.

Canadian School Boards Association newsletter, Schools are not primarily responsible for poverty ...But, July 1998.

Catano, Janis. "Child Poverty in Atlantic Canada". Health Promotion Atlantic. Halifax, Nova Scotia, 1998.

Catano, Janis. "Talking about Child Poverty in the Atlantic Region". Community Health Promotion Network Atlantic and Health Promotion and Programs Branch, Atlantic Region, Health Canada, 1998.

Childcare Resource and Research Unit. Early Childhood Care and Education in Canada: Provinces and Territories, 1998. University of Toronto, 2000.

Cleveland, G. and Krashingsky, M. The Benefits and Costs of Good Child Care. University of Toronto, 1998.

Conference Board of Canada. Performance and Potential 1997. Ottawa:1997.

Cooperative State Research, Education, and Extension Service. Collaboration Framework - Addressing Community Capacity. North Dakota: National Network for Collaboration, 1995.

Crandell, C. "Using Sound Field FM amplification in the Educational Setting", The Hearing Journal. Volume 51, No. 5: May 1998.

Doherty, G. Zero to Six: the Basis for School Readiness. Ottawa: Applied Research Branch, Human Resource Development Canada. Ottawa, 1997.

Edwards, P. Fostering Knowledge Development on the Health and Well-Being of Children in Canada: A Discussion Paper. Ottawa: Health Canada, Feb. 1999.

Foss, Krista. "The 0-3 Development Debate." Globe and Mail, February 1,2000.

Harmsen, E., Avard, D., Chance, G., and Underwood, K. Environmental Contaminants and the Implications for Child Health: Literature Review (Second Draft). Ottawa: Canadian Institute of Child Health.

Healthy Child Development Committee: Justice Themes from Consultations. Charlottetown, 1999.

Federal, Provincial and Territorial Advisory Committee on Population Health. Strategies for Population Health: Investing in the Health of Canadians. Prepared for the Ministers of Health: 1994.

Federal, Provincial, and Territorial Advisory Committee on Population Health. Statistical Report on the Health of Canadians. Report prepared for the Ministers of Health, 1999.

Federal, Provincial, and Territorial Advisory Committee on Population Health. Investing in Early Child Development: The Health Sector Contribution. September, 1999.

Flanagan-Rochon, K. "Brain Research and Public Policy: The Odd Couple?" Interaction, Vol. 13, No.1, Spring 1999.

Foss Krista, The 0-3 Development Debate, the Globe and Mail, February 1, 2000.

F/P/T Advisory Committee on Population Health, Investing in Early Child Development: the Health Sector Contribution, 1999

Gadd, J. "Poll Uncovers Parental Shortcomings" Globe and Mail, March 31, 1999.

Globe and Mail Editorial. "Learning as A Birthright". Globe and Mail, April 15, 1999.

Government of Alberta. The Alberta Children's Initiative. Alberta: Child and Family Service Secretariat, 1999.

Government of British Columbia. Measuring our Success - A Framework for

Evaluating Population Outcomes (second edition). Ministry for Children and Families, 1999.

Government of Newfoundland and Labrador. Investing in People and Communities. Newfoundland and Labrador Social Policy Advisory Committee, 1997.

Government of Saskatchewan. Saskatchewan's Action Plan for Children: Building on Community Success. 1999

Human Resources Development Canada. Investing in Children: Ideas for Action. Report from the National Research Conference held October 27-29, 1998. Ottawa: Applied Research Branch, HRDC, 1999.

Human Resource Development Canada and Statistics Canada. Growing Up In Canada - National Longitudinal Survey of Children and Youth. Ottawa: Minister of Industry, 1996.

Jenson, J. and Stroick, S. A Policy Blueprint for Canada's Children. Ottawa: Canadian Policy Research Network, 1999.

Jenson, J. and Stroick, S. What is the Best Policy Mix for Canada's Young Children? Ottawa: Canadian Policy Research Network, 1999.

Jenson, J. with Thompson, S. Comparative Family Policy: Six Provincial Stories. Ottawa: Canadian Policy Research Network, 1999.

Kearney, K. as reported in Checkley, K. "Needs of all Children: Serving Gifted Students in the Regular Classroom". Curriculum. Association for Supervision and Curriculum Development, Winter 2000.

Leiber, Claudia J. Getting Comfortable with Appreciative Inquiry, Global Excellence In Management Initiative, March ,1999

MacKey and Associates, Report of the Review of Special Education (PEI), Mackey & Associates, 1998.

Mann, Ada Jo, An Appreciative Inquiry Model for Building Partnerships, Global Excellence in Management Initiative, March 1999.

Mackey and Associates. Report of the Review of Special Education (PEI). Charlottetown: PEI Department of Education, 1998.

Mauffette, A.G., and Fréchette, L. Propositions for the elaboration of an injury prevention plan for preschool children's outdoor environments. Hull: Université du Québec, 1997.

McCain, M.N. and Mustard, J.F. Reversing the Real Brain Drain: Early Years Study. Government of Ontario, 1999.

Michalski, Joseph, Ph.D., Values and Preferences for the "Best Policy Mix" for Canadian Children, Canadian Policy Research Network, August 1999.

Nash, J.M. "Fertile Minds". Time Magazine, June 9, 1997.

National Crime Prevention Council. Preventing Crime by Investing in Families: An Integrated Approach to Promote Positive Outcomes in Children. Ottawa: National Crime Prevention Council, 1996.

National Council of Welfare. Healthy Parents, Healthy Babies. Ottawa: National Council of Welfare, 1997.

National Council of Welfare. Children First. Ottawa, 1999.

Novick, M. Fundamentals First: An Equal Opportunity From Birth for Every Child. Campaign 2000. Ontario, 1999.

Phipps, S. An International Comparison of Policies and Outcomes for Young Children. Ottawa: Canadian Policy Research Network, 1999.

Prince Edward Island. Women in Prince Edward Island: A Statistical Review. Charlottetown, 1996.

Prince Edward Island. Statutes of PEI Employment Act, 1998

Prince Edward Island. Statutes of PEI Labour Act, 1998

Prince Edward Island Reproductive Care Program. Healthy Mothers, Healthy Babies: PEI Perinatal Database Report: January 1 - December 31, 1997. Charlottetown, 1999.

Rachlis, M. Intersectoral Action and Health. A paper prepared for an intersectoral workshop for Health Canada, March 26, 1998.

Saskatchewan Education. Better Beginning, Better Futures: Best Practices, Policy and Guidelines for Pre Kindergarten in Saskatchewan Community Schools. Saskatchewan, 1997.

Statistics Canada. Growing Up in Canada: National Longitudinal Survey of Children and Youth. Ottawa, 1995.

Statistics Canada. "National Longitudinal Survey of Children and Youth, cycle 2, 1996". Cat. No. 11-001E. The Daily. October 28, 1998.

Shore, R. Rethinking the Brain: New Insights into Early Development. Families and Work Institute, New York: 1997.

Southern Kings Health Region. A Directory of Services for Families with Children from Conception to Age 6 years. PEI Health and Community Services System: 1998.

Steinhauer, P. "What We Do - and Don't - Know About Brain Development". A Discussion with the Honourable Paul Martin and the Honourable Claudette Bradshaw. On behalf of Canadians Against Child Poverty; The Centre for Health Promotion, University of Toronto; and The Sparrow Lake Alliance. Ontario: November 29, 1999.

Tipper and Avard, "Building Better Outcomes for Canada's Children", Canadian Policy Research Network, April 1999.

Transport Canada. Canadian Motor Vehicle Collision Statistics (1998) Queen's Printer, 1999.

Tremblay, R. et al. Predicting the early onset of male antisocial behaviour from preschool behaviour. Archives of General Psychiatry, 51, 1994.

Internet References:

"The ABC of ECD" The World Bank Group, www.worldbank.org

"A Caring World: the New Social Policy Agenda", The Organization for Economic Cooperation and Development (OECD), www.oecd.org.

Publications on Early Childhood and Family Education, UNESCO, www.unesco.org

Towards a Comprehensive Strategy for the Development of the Healthy Child, Inter Agency Policy Review, March 1993, UNICEF, www.ecdgroup.com.

The Children's Issues Centre, University of Otago, Dundein , New Zealand, www.otago.ac.nz

Children's House in Cyberspace- Early Childhood, http://childhouse.unio

The Consultative Group on Early Childhood Care and Development, www.ecdgroup.com